

State and Federal marginal tax rates, under the plan under consideration in the House of Representatives, and how that would impact the economy, would be the largest tax increase we have seen since the end of World War II.

Frankly, if you think about most Americans and most small businesses, when you start paying half, or 50 cents out of every dollar, in taxes, you are getting to a point where it is going to be very difficult for these businesses which might say: Why should I continue to try to create jobs and provide health care coverage for my employees, when the government takes more and more of the profits I make in this business? I think that is the risk we run with the job creators, the small businesses, which are the economic engine and create as many as two-thirds to three-quarters of all of the jobs in our economy, in a recession. When you put new taxes and fines on them, you are layering them and burdening them with more costs that will make it very difficult for them to lead us out of the recession and start to expand the economy and create jobs. Intuitively it makes no sense for us to head in this direction.

Finally, I think the last problem—and, as I said, there are many with the current health care proposals—is we will have to start dealing with the lines and the rationing that so often occurs when we see a system such as they have in Europe or the Canadian system. Some here actually believe that is the best way to do this. They believe in a single-payer system. They believe we ought to nationalize our health care system in this country. Inevitably, what we will end up with is people ending up in lines. We will have government making decisions about what procedures will be covered, what the reimbursement will be for this procedure, that procedure. It is a disaster and a train wreck in the making, and it is a direction I don't think we ought to go.

These are all issues that I think point to the need for us to hit that reset button and to sit down and actually figure out what can we agree upon that will be a bipartisan solution to the challenge of increasing costs and a lack of access for millions of Americans.

That being said, we have a large number of proposals out there which, I submit, we ought to be able to debate. As the HELP Committee and the Finance Committee go through their deliberations, there are many things that have bipartisan support in the Congress for which we could get big majorities and which would address the fundamental issues of access to health care and cost of health care but none of which are being considered because right now the only plan out there is the one that has been written by the Democratic leadership, which consists of this government plan or this government takeover of the health care system.

We believe the principles in this debate ought to continue to maintain: People ought to be able to keep their health care; it ought to be health care they can afford; it ought to provide choices; and it ought to be patient centered.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:32 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Acting President pro tempore.

ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES APPROPRIATIONS ACT, 2010—Continued

The ACTING PRESIDENT pro tempore. The Senator from Ohio is recognized.

Mr. BROWN. Mr. President, I ask unanimous consent to speak as in morning business.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. BROWN. Mr. President, I come to the floor today, as I will in the next few weeks fairly often, to share letters with my colleagues in the Senate and the people of this country, letters I have gotten from people in Ohio. I have letters today from a woman in Clermont County, Cincinnati; a lady in Lake County, Cleveland; a gentleman from Lake County also; and a gentleman from Columbus. I want to read these letters because this is really what the health insurance debate is all about. It is partly about preexisting conditions and exclusivity and gateway and exchange and public option—all those terms we all throw around. But what this debate is really about is people who are hurting because of the health insurance situation in this country. We know it is broken. We know we need to fix it. These are real people I want to discuss, people my office has talked to and I have talked to in some cases, people, for instance, like Lee Parks, whom I sat next to at Medworks in Cleveland this weekend. She was helping people with intake, people without insurance. They had some 1,500 people who came by without insurance. They needed dental care, eye care, medical care. There were several hundred volunteers, as I said, like Maria Parks and her husband Lee, who came and worked with us on health issues. Let me share some of these letters.

This is Wes from Columbus:

I am a 42 year old single male, small business owner. I had been able to make sure that I have health insurance up until March of 2007. It was then that Anthem raised my premium by 40 percent to \$725 a month.

I had to decide whether to pay for the insurance or to continue to put money into my

business. I chose the business, since without it I wouldn't have had access to insurance anyway. Since then I have tried to get coverage, but because of my 3 spinal surgeries, 2 sinus surgeries, and a prescription, NO ONE will cover me.

He capitalizes "no one."

Ohio has something called "open enrollment" which is a joke. Each month a different insurance company has legally to accept anyone who has pre-existing conditions. BUT, the way they keep people away is by making the rates so high.

We know that is what the insurance companies do. That is why we wanted the public option.

In 2008 Aetna quoted me a rate of \$26,000 a year for coverage.

This is a small business owner. He says:

That is over half of my pre-tax income.

He said:

It's clear to me I will never get coverage under the present system.

Margaret, from Amelia, OH, writes:

I am a 61-year-old woman who has oral cancer. I worked in a law firm in Cincinnati for over 27 years, as the records manager. I've had four recurrences of cancer, and so far have been very lucky, but the doctor has said it will be back . . . and will get progressively worse. I'm worried about the pain, disfigurement and death, but right now—

She has oral cancer, she says—

I am most worried that I will be unable to work following surgery or treatments and lose my job and health insurance.

So she loses her job, she loses her insurance. We know that happens to so many people.

In 4 years I will be on Medicare but the cancer is coming back within months, now, not years. My husband is several years older and will probably be retired before I could get Medicare.

She writes:

Do you really want a truck driver on the road in his late sixties?

Her husband.

I am worried that we will lose the house and everything we've worked for.

This is a letter from a woman from Lake County:

I am 80 years old and have several health problems making it necessary to take 8 prescription drugs. Last year I fell into the donut hole.

This was the President Bush privatization of Medicare. It provided a prescription drug benefit, sort of—a good one for some people. But it was a bill, as you remember, written by the drug companies and written by the insurance companies at the betrayal of the middle class in this country.

She writes:

I fell into the donut hole by July, and only made it through the rest of the year due to the doctor giving me samples. . . .

My son had been diagnosed with rheumatoid arthritis several years ago. The insurance he had with his employer agreed to allow the treatments with remicade.

Remicade is that very expensive biologic drug that costs tens of thousands of dollars a year for which there is no generic substitute, for which there is no way to get the price down.